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ABSTRACT

This paper considers the condition of Multiple Personality Disorder (MPD), which is defined as a separation of alternating personalities by rigid boundaries and amnestic barriers. It is proposed that MPD represents the end of a continuum of a defensive dissociation of the self that can result when a child employs a dissociative splitting of self into more or less independent part selves due to overwhelming environmental circumstances. Four case examples are presented in support of this position. Case one presents an individual in whom hidden ego states emerged and displayed some behavioral control in the course of hypnotherapy. Cases two and three present individuals in whom dissociated part selves were responsible for much of the presenting symptomology, but who did not qualify for a diagnosis of multiple personality. Finally, case four presents an individual representing a multiple personality disorder. It is noted that, since only case four would qualify for the diagnosis of MPD as defined in the Diagnostic Statistical Manual of Mental Disorders, there is a need for greater sensitivity in the recognition and treatment of these disorders. The recognition of a continuum of dissociation of the self that extends into multiple personality disorder is suggested. A five-page bibliography concludes the report. (NB)

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Multiple Personality and the Pathological Dissociation of Self

CG 019060

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Abstract

This article examines the notion that Multiple Personality Disorder represents the end of a continuum of a defensive dissociation of the self. Four case examples are presented in support of this notion. Case one presents an individual, where hidden ego states emerged and displayed some behavioral control in the course of hypnotherapy. Cases two and three present individuals where dissociated part selves were responsible for much of the presenting symptomology, but who did not qualify for a diagnosis of multiple personality. Finally, case four presents an individual representing a multiple personality disorder. Author argues for the recognition of a continuum of dissociation of the self that extends into multiple personality disorder.

Increasing attention has been paid to Multiple Personality Disorder (MPD), which only recently appeared as a distinct diagnostic entity in the DSMIII in 1980, despite a clinical history extending back as far as the early seventeenth century. MPD re-emerged as a topic of marked interest to the mental health community in the early 1970's, following important review articles by Taylor and Martin (1944), and Sutcliffe and Jones (1962). These articles systematically presented the evidence in favor of the existence of MPD as a diagnostic entity. The evidence presented in these articles was in turn supported in case studies by such researchers as Thigpen and Cleckly (1957) and Bowers, Becker, Mauer and Newton (1971). Articles such as these led to the emergence of MPD as a distinct diagnostic entity from the shadow of schizophrenia, for which it had often been misdiagnosed during the mid-twentieth century (Rosenbaum, 1980).

Underlying the formation of multiple personality disorder is the mechanism of dissociation. First introduced by Janet in 1889, the concept of dissociation represents the idea that a system of thought can be split off from the primary personality, congealing over time as a secondary personality that is unconscious, but which can be accessed via hypnosis. Morton Prince advanced a similar idea in his book, The Dissociation of a Personality (1906), when he continued the use of the concept of dissociation in his explanation of what he termed "co-consciousness", which

arises due to the splitting of normal consciousness into separate parts.

Several recent authors have carried this notion of the dissociation of self further, proposing that there are various degrees of this fragmentation of the self due to dissociation, which can be conceptualized as lying along a continuum extending into MPD (Beahrs, 1982, 1983; Hilgard, 1977; Spiegel, 1984; Watkins and Watkins, 1979, 1984). Watkins, et al (1979) have gone so far as to propose that we are all covert multiples, as the unity of consciousness is illusory. This idea is shared by Hilgard (1977), who posits the existence of hidden observers, representing subordinate systems or roles, which can lose communication with one another due to a process of dissociation.

Beahrs (1982, 1983) argues that the concept of multiple consciousness is unavoidable, as each of us is split into varying parts, roles, and/or ego states. The mind must, therefore, be viewed as a complex whole, constituted of multiple part selves. These part selves in turn combine to do what each does best given a certain set of circumstances. Difficulties arise when there is an impairment of the organizing executive function such that there comes into existence dissociated part selves, which represent "...relatively coherent patterns of behavior with sufficient complexity to represent some degree of internal organization" (Hilgard, 1977, p. 18).

The etiology of the dissociative splitting of self into more or less independent part selves is usually seen as

arising in childhood in a context of extreme physical, sexual and/or psychological abuse (Horton and Miller, 1972; Allison, 1974; Greaves, 1980; Braun, 1980; Kluft, 1981; Stern, 1984; Wilbur, 1984). Bliss (1984) found that 92% of the 53 personalities he surveyed in twelve cases of MPD were produced by abuse and psychological trauma ranging from incest and rape to suicidal despair. This illustrates quite plainly that the existence of MPD in most cases represents an attempt by the child to deal with overwhelming environmental circumstances, where to maintain some sense of integrity of self, the self must split (Ross, 1984).

Kluft (1981, 1984), in his Four Factor Theory of the etiology of multiple personality, theorizes that to develop MPD the individual must (1) have a biological ability to dissociate and (2) face overwhelming life experiences in childhood which result in his or her utilizing their dissociative abilities as a defense that (3) becomes linked to the formation of a split-off part self structure, which (4) becomes persistent due to a lack of healing nurturance from significant others before the dissociated part of self becomes fixated.

In the four case examples to be cited in this paper, I shall seek to demonstrate that the dissociation of self does indeed extend along a continuum of which multiple personality disorder, defined as a separation of alternating personalities by rigid boundaries and amnestic barriers (Watkins, et al, 1979; Coons, 1984), is but the end of a continuum of

possible outcomes that can result when a child employs a dissociative splitting of self into more or less independent part selves due to overwhelming environmental circumstances.

Case Example One

The following case was chosen to demonstrate that the use of hypnosis due to its general dissociative influence does have some inherent risks with less well integrated individuals. Gruenewald (1977, 1984) has expressed the concern that due to this dissociative influence, hypnotic intervention may lead to a compromise of the central control system that had heretofore worked well enough to prevent the emergence of an underlying condition of multiple personality. Kline (1984) and Kluft (1983) have also alluded to the activation of hidden part selves due to the loss of cohesion of self in the hypnotic experience.

This case represents an individual whose dissociated fragments had not evolved into fully organized sub-personalities with separate behavioral expressions, although they each exerted some influence on this person, while existing completely out of conscious awareness. The findings in this case are thus consistent with Watkin's (1979) position that the use of hypnosis can reveal the existence of hidden observers or ego states that are childlike and have a sense of purpose as well as a sense of persistence over time. As such, they represent ongoing components of the individual's psyche which require hypnosis to call them forth.

Stephanie, a 29-year-old female, presented with severe nervous agitation, uncontrollable fits of crying, and other indices of a major depression. A long history of depression and extreme dependency on significant others with marked fears of abandonment was also noted. Childhood was marked by a high incidence of physical and sexual abuse.

Hypnotic work initially centered around reaccessing dissociated memories of early childhood via age regression utilizing affective bridging (Watkins, 1971; Edelstein, 1975). Dolly, a six-year-old ego state, emerged in the third month of hypnotic work. Her primary emotion was fear and her existence coincided with the sexual abuse occurring at age 6, as well as the abrupt removal from her mother's house by the authorities that occurred at that time.

Kristine, a 12-year-old adolescent was next to emerge in trance. Her coming into existence coincided with Stephanie's return to her mother's house after five years in foster placements, her natural father's death, and further sexual abuse by her latest stepfather.

Finally, while exploring the reasons for sleepwalking that had recently emerged secondary to our hypnotherapeutic work, a third ego state emerged in trance and identified itself as Sal, a tough, tomboyish five-year-old, who claimed responsibility for Stephanie's somnambulistic behavior.

The course of treatment consisted of the eventual integration of Sal and Kristine, based on the framing of Sal as a young Kristine. As a result of this fusion an ego

state calling herself Ann emerged. She in turn was age progressed and eventually fused with Stephanie. Integration of Dolly proved far more difficult and hypnotic reparenting of this scared and withdrawn childhood ego state was engaged in over a several month period by Stephanie (Price, 1985), leading in combination with other therapeutic work to a resolution of most of Stephanie's presenting issues.

Case Example Two

Melinda, a twenty-nine year old Caucasian female presented with a marked lack of a sense of a differentiated self and exhibited great difficulties in maintaining boundaries between herself and others. She cited difficulties in making decisions due to her experience of marked internal conflict, which she described as several voices all seeming to be speaking at once. Melinda also exhibited a great deal of magical thinking and some history of auditory hallucinations.

Melinda's memory for childhood was poor, but as our hypnotic work progressed, multiple instances of physical and sexual abuse by both her father and her brother were revealed. During these age regressions, it also became apparent that Melinda had engaged in self-hypnotic techniques since early childhood, which she called "going away behind her eyes" in an effort to deal with overwhelming environmental circumstances. Melinda had little memory for

most of these traumatic experiences, and it became apparent that many of her difficulties were due to the fact that she had dissociated off a variety of subordinate ego states.

Melinda reported that she experienced herself at times as watching herself perform events that she seemed to have no involvement in, as if someone else was performing them. Her experience at these times was one of consciousness of the chain of events while having no direct involvement in them, experiencing other parts of self as "up front" at those times. She experienced her hypnotic accessing of these dissociated ego states in our sessions together as if they were "...coming up through a hole where only one can fit at a time and then they're there and I'm in a back seat."

The first ego states to emerge in our hypnotic work were three-year-old Victoria and Ann, who had previously appeared as figures in Melinda's dreams. Victoria reported being in constant conflict with Ann, due to Ann being always afraid to do things Victoria wanted to do. Victoria stated that she took the lead in getting Ann places, but she was very angry with Ann "...because she is always falling behind." Ann, in contrast to Victoria, reported being extremely afraid as people were always hurting her and scaring her in the dark.

This same conflict in another form also emerged between twelve-year-old ego states Jordan and Leena, who Melinda had

previously experienced as alternating voices arguing in her ear. Jordan reported that she was the one who took over in order to get things done, but she was frustrated at having to drag Leena around, who was a real "goody two shoes." Leena on the other hand functioned to endlessly weigh the consequences of any given action. She typified herself as fear grown up, as "I agonize over what's right so I won't be wrong."

Several other part selves of which Melinda was unaware have also emerged over time. Two gremlins, who came into being to help Melinda watch her backside at age two, due to her brother always scaring and hurting her. The Wizard, who flies up and "...sees how things connect together," as well as fuzzing things out so they appear unreal and mystical. He emerged at age four, when he was created "...out of a Crayola box." George, who came into being at age six, due to Melinda's starting school. His function was and is to keep her from getting lost. Three reptilian figures are also present to handle Melinda's emotions, as well as one large fellow who "...grunts a lot and can stop anything." Finally, there is Cherub, a lady in white, who served in childhood to give Melinda hope, as "she couldn't find any place safe" and the Man, who tries to create other possibilities for Melinda as well as mediate between the twins and their adolescent counterparts.

Work with Melinda is still continuing as the map of her fragmented self has now been drawn, contact with an inner

self helper (Allison and Schwarz, 1980) has been established, and attempts at achieving a meaningful integration are now moving forward. Melinda's own assessment of herself sums up her reality better than I ever could. "Melinda is me, but it's just a name. I'm all of them, but I'm not any of them, so I'm empty."

Case Example Three

Tina, an attractive eighteen-year-old adolescent, displayed symptomology including obsessional thought, an eating disorder, compulsive ritualistic behaviors performed usually at night, an anxiety disorder with panic attacks, multiple phobias, auditory hallucinations of a malevolent male voice coming from both inside and outside of her head, and sado-masochistic sexual behavior. History revealed onset of what can best be described as a pervasive developmental disorder at ages three to four. As the clinical picture came into focus it became obvious that Tina was using auto-hypnotic techniques at night using a mirror, constituting an unrecognized abuse of self-hypnosis as cited by Bliss (1980, 1983, 1984) and Kluft (1983) among others, as a pre-condition for the establishment and maintenance of MPD. It was discovered that this client expressed her most vivid auditory hallucinations during these periods as well as engaging in autonomic drawing and writing, while experiencing some amnesia for events that actually occurred. Tina also felt that there was a deep-seated struggle for control

of her body with a malevolent male other, who she typified as a force external to her. This experience of a battle for control of self with a dissociated other has been labeled "lucid possession" (Ellenberger, 1970). It represents a variation of the symptomology, which some authors assert falls within the spectrum of multiple personality disorder. Kluft (1983) has also typified what he terms a crisis of copresence, where a dissociated aspect of self may influence the person short of a complete take over. Tina clinically fit Kluft's typification of this syndrome, since she felt that she was a victim of an intrusion by a male other where she experienced marked depersonalization and derealization, auditory hallucinations of the male other's voice, and distortion of cognition due to the male other's intrusive commentaries.

In trance, a male personality emerged who identified himself as Tim. He denied any direct connection with Tina. His initial position was that Tina deserved to be punished and hurt because she was a girl and that was a bad thing to be. Tim further wanted control of Tina's body and felt that once he got it, he could make her fully the boy she ought to be.

The course of therapy from this point moved from Tim's initial denial that he was part of Tina to his acceptance that he was, but that she would have to change her gender (get surgery), to an agreement that he might be willing to help her be strong (i.e., serve a protective function in her

life). When this was accomplished, attempts were made to integrate this sadistic dissociated masculine part self into Tina utilizing a variation of neurolinguistic reframing and anchoring strategies (Bandler & Grinder, 1979; Grinder & Bandler, 1981). This led to a marked diminishment in sado-masochistic behavior over the course of several weeks of working with Tim and Tina in this manner.

Unfortunately, at this stage in her treatment Tina's family moved out of state due to her father's receiving a job transfer. Contact with Tina several months after her leaving treatment with me revealed that the clinical picture had deteriorated markedly due to family pressures and an entry into a fundamentalist religious group, at the insistence of her sister, which had identified hypnosis as evil and the masculine dissociated aspect of Tina as the devil.

Case Example Four

Mary, a woman in her mid thirties, was referred with an extensive history, which included multiple suicide attempts; depression; impulsive, angry acting out; inability to maintain stability in relationships; identity diffusion; multiple drug abuse; affective instability; marked fears at being alone, resulting in a symbiotic dependence on an idealized mother; and physically damaging acts, including cutting on herself in the presence of previous therapists. Diagnoses entertained over the years included paranoid schizophrenia and/or a severe borderline personality disorder.

Mary displayed a flatness of affect, consistent with the sleepwalking quality and lack of vitality in the "central ego" described by Clary, et al (1984) in their descriptions of MPD. Mary displayed a state of deep internal absorption in our session that was recognized as an entry into a self-induced trance. Other clinical indices of note that emerged during these initial sessions were reports of time distortion and lapses of memory, a sense of watching herself at times perform activities while not directing the performance, use of the collective we in reference to herself, reference to mysterious others that originated from within herself, and the experience of separate internal voices.

The first actual experience of the emergence of a separate and distinct personality did not occur until six months after therapeutic work with Mary had begun. At which point an assertive, goal directed personality, which identified herself as Martha, emerged in the context of a conflict over a job promotion. Since this encounter with Martha, three other personalities have also emerged during therapy sessions; Amber, an old woman who is openly sadistic in the pleasure she takes in hurting and scaring Mary; twelve-year-old Amy, who is dying of leukemia; and Peggy, who claims to be from another world and seeks release from Mary's body through Mary's death.

The work with Mary continues, but very slowly, as Mary represents a severe borderline disorder. She still actively

blocks accessing the others, since she recognizes on some level the painful realities that led to her creation of them in the first place. "They were created because of what happened to me and I don't want to go back."

Conclusion

The DSMIII criteria for a diagnosis of Multiple Personality Disorder (MPD) defines MPD as:

A) "The existence within the individual of two or more distinct personalities, each of which is dominant at a particular time.
B) "The personality that is dominant at any particular time determines the individual's behavior.
C) "Each individual personality is complex and integrated with its own unique behavior patterns and relationships."

Coons (1984) has also pointed out that for a diagnosis of MPD to be entertained, amnesia for the presence and/or the activities of secondary personalities by the primary personality must exist.

In examining the four cases presented in this paper it becomes apparent that only case four would qualify for the diagnosis of MPD as defined above. Case one had no previous history that would point to the existence of other part selves prior to their activation and discovery in the context of hypnotherapeutic intervention. As such, Stephanie represents a case that lies on the less dissociated end of the continuum of the defensive fragmentation of the self.

In examining cases two and three, symptomology was present that upon hypnotherapeutic exploration proved to be

a direct expression of alter ego states that were qualitatively identical to secondary personalities that are encountered in MPD. Both individuals had experienced highly traumatic childhoods and both had engaged in unstructured self hypnosis as a defense against an overwhelming environment. In both instances this use of hypnotic dissociation had resulted in the formation of ego states with personalities and resultant forms of behavioral expression that were entirely different from and often at odds with the characterological makeup and desires of the central personality. Neither of these two cases, however, displayed both complete dominance at times by a secondary personality and amnesia for the emergence of other secondary selves. Therefore, neither of these cases fully qualified for a diagnosis of MPD.

In case four, full criteria for a diagnosis of MPD was present as there were more or less impermeable boundaries between the primary and secondary personalities. This resulted in amnesia for events at times when certain of the secondary personalities had achieved behavioral control.

The four cases presented here stand in confirmation of the idea that dissociative phenomena leading to a multiple personality disorder do lie on a continuum. Whether one holds that the DSMIII is overly rigid in its diagnostic criteria for MPD (Bliss, 1984), or that we need to posit a diagnostic category for ego state disorders that do not qualify for a diagnosis of MPD when rigid diagnostic criteria are employed (Watkins and Watkins, 1979; Beahrs,

1982), it becomes obvious that greater sensitivity is needed in the recognition and treatment of such disorders. The fact that such individuals continue to be unsuccessfully treated for prolonged periods without a recognition of the underlying nature of their pathological dissociation of self is a sobering reality that cannot be denied.

In closing it is hoped that these case studies will serve to increase the awareness in the field of the existence of such disorders. The diagnosis is difficult since many other psychiatric disorders often coexist with MPD and the dissociative ego state disorders presented here (Bliss, 1984; Coons, 1984; Horevitz and Braun, 1984). The challenge and stimulation of working with such clients in order to facilitate them in reintegrating and reclaiming their dissociated aspects is a rewarding experience that can only serve to deepen the clinician's appreciation of the complexity and resourcefulness of the human psyche.

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